

City of Frankfort PLANNING & COMMUNITY DEVELOPMENT P.O. Box 697

Frankfort, KY 40602 Phone: (502) 352-2094 Fax: (502) 875-8502 www.frankfort.ky.gov

OFFICE USE ONLY Received:_			
Payment Amt: \$			
C.U.P. No:			
Meeting:			

CONDITIONAL USE PERMIT APPLICATION

Tentative Meeting Date:			Filing Deadline:	
<u>APPL</u>	ICANT:		check if primary contact	
2.	Company Name:			
3.	Mailing Address:			
4.	Daytime Phone:	Fax:_	Email	
Status	of Applicant: owner	lessee	under contract to purchase	
<u>OWN</u>	ER INFORMATION (If d	lifferent than abo	check if primary contact	
3.	Mailing Address:			
4.	Daytime Phone:	Fax:	Email	
SITE	INFORMATION:			
Genera	al Location of Property:			
Street	Address:			
Zoning	g of Property:			
Existin	ng Use of Property:			
Propos	sed Use of Property:			
Lot Si	ze:Acres	; or	Square Feet	

APPLICANT'S REQUEST (Describe SPECIFICALLY the nature and purposes of the Conditional Use Permit being			
requested):	oses of the Conditional Ose I errint being		
I HAVE READ THE INFORMATION IN THE ANSWERS CORRECTLY TO THE BEST OF M			

Supporting Information Required for Conditional Use Permit Applications:

1.	Vicinity map with location of subject property marked.
2.	A detailed written description of the scope of the proposed use.
we	Site plan: A scaled drawing showing the boundaries and dimensions of the subject lot, as ll as the location, arrangement and dimensions of buildings, driveways, accessory actures, fences and landscaped areas. If only a portion of a building is to be utilized for the aditional use, a floor plan must also be submitted.
adj Th	A list of adjoining property owners and their mailing addresses. This list should include acent properties to all sides of the subject property (including those across the street). is information may be obtained from the Property Valuation Administrator's (PVA) fice, Franklin County Courthouse Annex, 315 W. Main St.
Co	\$150 filing fee (make checks payable to the Frankfort-Franklin County Planning mmission for <u>Board of Adjustment</u> cases –OR- payable to City of Frankfort for <u>chitectural Review Board</u> cases).

Note: If the applicant is not the property owner, a letter from the property owner agreeing to the proposed use is also required.

NOTE: One (1) copy of this form and the Supporting Information must be filed with the Frankfort/ Franklin County Board of Zoning Adjustment or Architectural Review Board at the City of Frankfort, Planning & Community Development by the deadline date to be considered for the first available meeting date.



City of Frankfort PLANNING & COMMUNITY DEVELOPMENT P.O. Box 697

Frankfort, KY 40602 Phone: (502) 352-2094 Fax: (502) 875-8502 www.frankfort.ky.gov

DAY CARE FACILITY QUESTIONAIRE

Is this a multi-family residential building?			
Maximum number of children:			
If this is an existing daycare and an increas provide the total number of children anticip	se in the number of children is requested, please pated within the age categories below:		
Ages 0-23 months: Ages 24-35 months: Ages 3 years or older:			
Distance of closest portion of exterior play	area to public street:		
Amount of interior space dedicated to child restrooms or hallways (please attach floorp	dcare, not including inside play area(s), kitchen, blan noting this area):		
Amount of interior play area space:(not including above interior space)		
Amount of play area outside:			
Is this property within 1000 feet of a regist	tered sex offender?		
Required Attachments for daycare:			
□ Floorplan must clearly identify :a) in space used for childcare	nterior play areas; and b) interior (non-play area)		
Site plan showing all lot lines, public streets, ingress and egress, parking, structures onsite and play area, and landscaping required as provided in Article 7, Landscape Regulations.			
I testify that the above statements and true	and accurate.		
Applicant's Signature	Date		